



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 JUN -7 AM 10:00
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TWEMEDICAL, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1640 MARSALA CT, AMMON, ID 83401

(Street Address)

(Mailing Address, if different)

3. The name and complete street address of the registered agent:

MINDI EAMES

1640 MARSALA CT, AMMON, ID 83401

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

TRAVIS EAMES

1640 MARSALA CT, AMMON, ID 83401

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

1640 MARSALA CT, AMMON, ID 83401

(Address)

Signature of organizer(s).

Printed Name: **TRAVIS EAMES**

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/07/2018 05:00

CK:1487 CT:358832 BH:1647607

1@ 100.00 = 100.00 ORGAN LLC #2

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